

CD Filing Batch Identifier Sheet

Applicant other than Injured Worker Insurance Carrier ☐ Employer ☐ Lien Claimant ☐

Your Name

Contact Number

EAMS Case#

Legacy Case#

Injured Workers' Last
Name, First Name

Date of Injury

Date Received

FOR DWC USE

Date Entered
into EAMS

Batch ID#

Initials

Confirm in
FileNet

Companion Case Number

DOC TYPE *	DOC TITLE	AUTHOR (FIRST AND LAST)	DOC DATE (MM/DD/YYYY)

* Doc Type

ADJ:	Employer	Evidence	Legal	Lien/Bills	Medical	Misc
DEU:	DEU Docs – Other	DEU Forms	Medical Report	Misc		
INT:	AD Legal	Legal Docs	Medical Docs	Misc		
RSU:	Lien/Bills	Non-Form	Misc			
UEF:	Hearing	Investigation	Legal	Lien/Bills	Medical Docs	Medical Report
	Misc					
VOC:	Hearing	Lien/Bills	Medical Doc	Misc	Non-Form	Rehab Docs
	RTW SJDB Doc	VOC Rehab Doc				

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Applicant Information

Applicant First Name	
Applicant Last Name	
Address	
City, State Zip	
Applicant SSN	
Date of Injury	
Date of Birth	

Applicant Attorney (optional)

Attorney Name	
Law Firm	
Address	
City, State Zip	
Telephone	

Employer Information: Insured ☐ Self-Insured ☐ Legally Uninsured ☐ Uninsured ☐

Employer Name	
Address	
City, State Zip	

Insurance Carrier (optional)

Insurance Carrier Name	
Address	
City, State Zip	

Defense Attorney (optional)

Law Firm	
Address	
City, State Zip	
Telephone	

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	RTW SJDB Doc	VOC Rehab Doc				